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ORIGINAL ARTICLES.

A PROVING OF BELLIS PERENNIS—CONDUCTED BY DEPARTMENT OF MATERIA MEDICA, COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

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Natural Order.—Compositæ.

Synonyms.—English, English Daisy, Garden Daisy, Hen and Chickens; French, La paquerette; German, Maslieben.

Description.—"A perennial herbaceous plant, stemless, scape naked, single headed. Leaves obovate, crenated. Flowers are white. Heads many flowered, radiate, the rays numerous and pistulate. Scales on the involucre herbaceous. Flowers March to August."—Homœopathic Pharmacopeia of the United States, 1914.

Habitat.—Europe, mostly in Great Britain.

History.—This drug was probably first mentioned in Homœopathic literature by Dr. Henry Thomas, British Journal of Homœopathy, Vol. 16. Other references to the drug are to be found in Allen's 'Cyclopœdia, Homœopathic World, Vol. 19; Hahnemannian Monthly, Vol. 19, and in a few other Homœopathic Journals of several years ago. Bellis Perennis is described, both as regards its symptomatology and therapeutic applications, in Clark's Dictionary of the Materia Medica; this work quotes largely from Dr. Burnett, of London, who used the drug considerably. The drug is mentioned in Dewey's Essentials of Homœopathic Materia Medica and occasional reference to the medicine is to be found in the periodical literature of the Homœopathic School.

Part Used.—The whole fresh plant. The tincture used in this proving was supplied by Boericke & Tafel.

Form in which the drug was given to the provers.—Bellis Perennis was taken by the provers, they being six in number, four men and two women, in the form of the tincture only. No attempt was made to obtain symptoms by giving any of the different attenuations of the remedy; this, at first sight, might appear to render the proving incomplete, but in view of the fact that Bellis is not a very active medicine, and that symptoms were only obtainable from large doses of the tincture, renders it very probable that no symptoms would have been obtained from any of the dilutions, had they been given.

Physical condition and other factors concerning the provers previous to the administration of the drug.—The following is an outline of the examination to which each prover was subjected:

- Age.
- Blood pressure.
- Blood by Wright's stain.
- Hæmoglobin.
- Urine:
  - Total amount for 24 hours.
  - Color.
  - Specific gravity.
  - Albumin.
  - Sugar.
  - Urea.
  - Reaction.
- Condition of the heart.
- Condition of the lungs.
- Condition of the liver.
- Condtion of the skin.
- Habits:
  - Is the prover a smoker?
  - Does the prover drink coffee?
  - Does the prover drink tea?
  - Condition of pulse.
  - Temperature.
  - Is there a craving for any particular article of diet?
  - Is there an aversion to any particular article of diet?
- Condition of sleep.
- Is the prover subject to headache?
- Is the prover subject to dreams?
- Temperament.
- Condition of bowels.

The ages of the provers were 29, 24, 22, 22, 22, and 43 years, respectively, the first three ages being those of the men. Every prover was found to be practically normal, both in regard to his physical condition and activity of his organs. A very few physical and functional defects were noted, but their deviation from the normal was almost within the limits of physiological variation. It would be difficult to select six better specimens of physical and functional development than those shown by the provers.

SYMPTOMATOLOGY.

Skin.—(The number given after any symptom

represents the number of the provers who experienced the symptom.)

Itching on the back and along the flexor surfaces of the thighs (3); this symptom made its appearance on the seventh day of the proving and lasted until the drug was discontinued and it was unattended by an eruption. The modality of this symptom was worse from hot bath and from the warmth of the bed and relief from cold (3). A previous acne became worse (1). Itching around hairy margin of scalp, and over the back, not noticed in the daytime; worse from hot bath and warmth of the bed and relief from cold (1). One prover experienced absolutely no symptoms at all either upon the skin or elsewhere.

Four or five boils appeared on the face on the 12th day and lasted one week (2).

Stool.—Five provers experienced intestinal symptoms, characterized by diarrhœa, as follows: Yellow (5), foul odored (5), watery (3), semi-solid (2), painless (5), and attended by little urging (2), or no urging (3), some gas expelled with the stools (2), and worse at night (5).

Sexual Organs.—(The following symptoms were shown by one of the women provers; the other prover had a hysterectomy performed some years ago and consequently no symptoms peculiar to disturbances of the sexual organs or menses could be obtained.)

Started taking the drug the day before menstruation and the proving ran over two menstrual periods. The uterus seemed sore, as if squeezed; this symptom was more or less constant through the entire menstrual period each time. No change in the character of the flow could be detected. Accompanying symptoms were dizziness and vertigo, worse upon rising and relieved by lying down. Pain down the anterior surface of the thighs was noticed each time of the menses.

Extremities.—Owing to the variety of the rheumatic symptoms elicited, each prover's symptoms are recorded separately.

Prover No. 1.—Soreness in elbow joints, which felt as though hit with a club; this symptom lasted two days, after which both knees and right ankles were similarly affected. There was a deep soreness with strained feeling, which lasted until the proving was completed (23 days). No modalities.

Prover No. 2.—Soreness of left knee joint with a feeling as though the tendons were drawn; worse from motion. Both thumb joints also affected. Soreness over region of the ribs and axillary space on both sides with a sensation of squeezing, which was worse at night.

Prover No. 3.—Stitching pains in the right hip and shoulder, intermittent in type, lasting about two minutes; worse at night with no modality as to motion.

Prover No. 4.—Rheumatic pains all over the body, worse in the morning and better from motion. Soreness in the muscles.

Provers Nos. 5 and 6 experienced no symptoms in the extremities.

Doses Employed.—All doses were taken three times daily and no symptoms were obtained until a half drachm was taken at a dose, this being on the seventh day of the proving. The dose was gradually increased until one drachm was taken. The proving lasted over a period of 23 days.

New symptoms and therapeutic applications as deducted from the proving.—What is supposed to be a reliable symptomatology of this drug (and it is not the intention here to assume that such record is not reliable) gives no mention of any diarrhœic symptoms. In this respect the symptomatology of Bellis Perennis has been amplified. Neither have any female symptoms of this drug been recorded, within the writer's knowledge. Owing to the fact that female symptoms were elicited from only one woman prover (as stated before, it being impossible to obtain female symptoms in the other female prover, because of a previous operation) too great dependence should not be placed upon the findings in this particular case. The findings are suggestive, however, of what might be obtained in case the drug was proved by several women.

It thus appears that Bellis would be a useful remedy in diarhœas of a yellow color, painless, of a foul odor, and worse at night. In this respect the drug resembles somewhat Podophyllum, China and Phosphoric acid, yet there are decided points of differentiation between Bellis and these drugs and it appears that the remedy may come to occupy a very distinct place in the therapeutics of diarrhœic conditions.

In diseases peculiar to women Bellis Perennis may prove to be of service in certain uterine affections characterized by squeezing pains in that organ, pains down the anterior surface of the thighs, accompanied by dizziness. Some of these symptoms are seen under Lilium tigrinum, Cactus and Xanthoxylin.

Some new skin symptoms were developed in this proving, which have not appeared in any former pathogenesis. Dermal irritations characterized by itching, without an eruption, especially upon the flexor surfaces of the thighs, aggravated by heat and relieved by cold, will probably be benefited by the remedy. In some respects these symptoms of Bellis resemble the skin symptoms of Dolichos.

Verifications which this proving has furnished of the former symptomatology of the drug.—A former symptomatology credits the remedy of producing boils. Boils were produced in this proving, consequently it is reasonable to believe that the power of the drug to produce this condition is firmly established.

Former records of the effects of Bellis show

that a variety of rheumatic symptoms are produced by it. These effects have also received verification by this proving. In general the therapeutic range of Bellis in rheumatic conditions is as follows: Soreness of the joints; strained, bruised feelings, characterized by no especial modality; generalized muscular soreness. The writer has frequently and successfully used this remedy in the treatment of such conditions, with the most gratifying results. In so-called rheumatic cases, lacking the modalities of Bryonia and Rhus tox., the drug is indicated. In general, the drug may be classed as a vulnerary and its external application, in the form of the tincture, should accompany its internal administration. For bruised conditions, muscular soreness, resulting either from exposure or from too vigorous physical exercise the drug is very useful and, in the opinion of the writer, who has given the remedy many trials in these conditions, it far surpasses Arnica.

(I desire to express my gratitude to my assistant, Mr. J. R. Wiggers, who helped conduct this proving, and without his painstaking care the proving would not have been possible.)

"THE OPERATION OF A HOMŒOPATHIC MATERIA MEDICA LABORATORY."

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FOR some years past the medical colleges have laid special stress on laboratory instruction. In harmony with this idea of scientific study a materia medica laboratory has been established in the Homœopathic College of the Ohio State University. It has a unique, nevertheless, definite aim in the curriculum; to lay the foundation for the study of homœopathic medicine; at the same time it offers a rich field for research for men who are desirous of doing work of this nature. The laboratory operation resolves itself into several divisions consisting of pharmacy, toxicology, drug pathology, drug proving, and special advanced work. A brief outline of these topics and their relationship to the subject of homœopathic materia medica will suffice to illustrate the importance of the laboratory to the medical student and the medical profession in general.

The older men of the profession obtained a definite knowledge of materia medica from the fact that a large number of drugs were prepared in the physician's office. Is it not reasonable to believe that a man who gathers mandrake from the fence corners and grinds them with a motor and pestle for four hours acquired by so doing a certain knowledge of Podophyllum which the student of to-day does not have the opportunity of doing? Now the student is required to make the more common preparations from the crude material in many instances gathered by himself.

A laboratory to meet its requirements must aid the instructor in his lectures on the subject. No matter how elaborate a man may be in explaining the consistency and appearance of the strychnos seed, he cannot do as well as the man who passes a bottle of "dog buttons" around the class; by so doing the drug becomes visualized and makes a lasting impression upon the student's mind. In this connection it might be well to add that a large number of nicely prepared specimens have been donated to the laboratory by the leading pharmacists of America made up chiefly of crude drugs, tinctures and dilutions. The pharmacy laboratory bears the same relationship to the instructor of materia medica that charts and illustrations are made use of in the reading to text books, both being a visualization of abstract ideas.

The subject of toxicology is often underestimated as a valuable adjunct to the study of homœopathic materia medica; in fact, our knowledge of therapeutics is largely made up of reports of fatal poisoning, by observing the symptoms the drug has produced. Constantine Hering, in his reports on Lachesis, acquired his information by visiting the parts of South America where the snake is found and studied the symptomatology in the unfortunates who were bitten by the Lachesis Tricephelgonis. If toxicology is studied only for its fatal action of poisons, their antidotes and subsequent treatment, the subject falls short of its intrinsic value to the student of Homœopathy. In this connection, there are legions of valuable deductions that can be utilized on the fundamental principle of "Similia Similibus Curantur." This work consequently has two phases, that of immediate treatment of a case of poisoning and the homœopathic application of the symptom observed. Animals are made use of in this work, as for example, the paralysis of Gelsemium, and the opisthotonus of Strychnine, etc., are demonstrated before the classes.

Drug pathology is comparatively a new term in the homœopathic materia medica; although closely allied with tissue proclivity, it is by no means synonymous with that term. By tissue proclivity is meant the power of a drug to affect a certain tissue, sometimes known as elective affinity, whereas by drug pathology is meant the actual changes produced in a given tissue resulting in a deviation from the normal function and consistency. The most difficult feature in homœopathic prescribing lies in the differentiation of drugs which have several symptoms in common. It is possible that two drugs can affect the same tissue, producing symptoms which are very much alike, nevertheless be very different as far as the drug pathology is concerned. This statement can perhaps be better explained by giving a concrete example. Suppose we have

the following symptoms present in a patient: Dyspnœa, very marked oppression of the chest, cyanosis, some sputum, consolidation on percussion, and fever, Bryonia or Phosphorus may be indicated. If the condition is due to pathological derivation of the serous membrane Bryonia undoubtedly would be the remedy. If, on the other hand, the lung tissue were affected and the same group of symptoms present, Phosphorus would be indicated. A homœopathic prescriber must, therefore, differentiate between drug symptomatology and drug pathology. The underlying pathological conditions can not be ignored in the treatment of a disease. By the laboratory method a large number of cases can be demonstrated by the use of animals to which a drug has been administered until objective symptoms present themselves. To carry on this work successfully, it is often necessary that an animal be treated over a long period of time to produce satisfactory results. Such symptoms as nausea, vomiting, diarrhœa, convulsions and coma are absolutely of no value to deduct homœopathic indications from when too large a dose of an irritant poison is given in a single dose. These symptoms are common to all the drastic irritants, but it requires some time to produce the tissue changes and to show the real pathology of a drug. Ten grains of Kali bichromicum will kill a rabbit almost instantly, but the symptoms produced are practically valueless, whereas, if the drug be administered in three grain doses daily, an intensely interesting post-mortem can be made and the drug pathology be demonstrated by microscopic examinations. The advantage of this method over drug proving on the human lies in the fact that the proving can be pushed to the limit and the actual vesical changes be examined post-mortem.

The above idea is not mentioned to belittle drug proving on the human organism and animal experimentation can never be completely substituted. In this connection the materia medica laboratory is also made use of. Drug proving is made one of the essentials of the course. The principal aim is to verify the symptoms of drugs which are accredited to them and to add to our knowledge some which have never been thoroughly proven. Even under the mosty favorable conditions it is always difficult to obtain reliable information concerning the action of a drug. To eradicate all the undesirable features that may come up, it is necessary that the prover submit himself or herself to daily examinations, and to record everything that has in it a sign of a symptom. Climatic conditions often play an important part in the action of a drug, consequently daily records are kept as to temperature, humidity, etc. Each year we hope to submit two complete provings, one on a drug which already has some repetition, and one new remedy which has shown promise of clinical symptoms.

No line of work extends such promise as does research work in homœopathic materia medica. The field is so rich that almost an endless number of suggestions and theories can be scientifically worked out. In order to progress, the profession must keep pace with the time. Take, for example, the relation of a drug to opsonic index; very few homœopathic remedies are accredited with any connection as to raising or lowering the body resistance to bacterial invasions. There is only one place to demonstrate such connection and to give proof positive of the results. Another interesting feature may be mentioned in the blood changes; when, of late, all schools of medicine have laid so much stress on this proposition, what can be more interesting and valuable for the physician than to know the relationship there is between, say, Pulsatilla and anæmia.

Such information is purely scientific and can be put into everyday practice. When we stop to consider the amount of knowledge that has been added to the symptomatology of the homœopathic drugs as based upon scientific findings, we immediately feel the need of work done along this line. It requires special training and an adaptability to carry on experiments that will enlarge the scope of Homœopathy, and it is hoped that such work will be encouraged by placing the student in contact with the laboratory throughout his medical training.

To sum up the whole situation, the laboratory was instituted with a two-fold ultimation to aid the student to acquire the greatest amount of knowledge of homœopathic materia medica while attending the university, and to be of practical value to the profession at large by submitting to them bulletins and anything pertaining to laboratory work that may be of interest to them.

Mills' Practice.

The publishers, Messrs. Boericke & Tafel, inform us that the new work on Practice, by Dr. Walter Sands Mills, will be ready for delivery towards the end of March. The book is modern, soundly and sanely homœopathic, and is based largely on actual long association with the big hospitals of New York City, where nearly every form of disease is presented during the course of each year. It is safe to predict that on account of the thread of personal experience running through the book imparting the feeling as it does that the author knows whereof he writes, the book will be very popular with the medical profession not only in the homœopathic ranks but outside of them.

Pituitary Disease.

Arthur D. Dunn cites recent evidence from observation and experiment that goes to prove the association of diabetes insipidus with pituitary disease.

LABORATORY STUDIES UPON THE ACTION OF KALI BICHROMICUM.

BY ALBERT E. HINSDALE, A. B., M. D., PROFESSOR MATERIA MEDICA, COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY, AND DIRECTOR OF THE MATERIA MEDICA RESEARCH LABORATORY.

A MATERIA medica laboratory has recently been established in connection with the College of Homœopathic Medicine of Ohio State University, to be devoted, among other purposes, to research work along the line of drug activities. This year a special investigation was made with Kali bichromicum upon animals to verify previous work, and, if possible, to add something new to its symptomatology, laying especial emphasis upon drug pathology. It was found that among the common animals that rabbits react best to the drug, producing the most typical changes, both functional and pathological; consequently this paper will be a report of the findings as observed in seven full grown rabbits.

The experiment was begun by administering 40 mgs. of potassium bichromate per os twice daily with a gradual increasing dose until 400 mgs. twice daily was reached in a period averaging 31 days, at which time the animals died as a result of chronic poisoning.

The following is a brief resume of the objective symptoms which the drug produced while the experiment was in progress: (1) A marked sluggishness in movement was noticed in all of the animals, beginning about the seventh day and lasting until the experiment was completed. The dose administered was 40 mgs. for three days, 60 mgs. for two days, and 120 mgs. for three days, respectively. Coincident with this symptom of sluggishness a marked lack of appetite was observed which lasted until their death. In the above two symptoms, the sluggishness as the result of the paralyzing and weakening action, together with the lack of appetite, are verifications as regards this action of the remedy as given in the materia medica. (2) The characteristic stringy, tenacious, muco- and non-purulent discharge from the nose made its appearance in four of the seven rabbits on the eleventh day, reaching its maximum quantity on about the fifteenth day, and remained constant from that time on. At the time when this symptom was manifested the drug administered had reached 190 mgs. twice daily. A chemical and microscopical examination of the discharge proved it to consist of mucus and a few non-pathological bacteria. (3) A yellowish red diarrhœa made its appearance towards the end of the experiment signifying that the inflammation had extended into the intestines. Herein we also find a confirmation of the symptomatology of the drug as regards its action on the intestinal tract. No rise in temperature was found throughout the experiment, thus supporting what Dr. T. F. Allen said years ago that fever was never an accompaniment of the Kali bichromicum condition.

Some original research work was done on the blood changes produced by the drug. A blood count made on ten healthy rabbits showed an average of 5,575,000 red cells, and 5,675 white cells per cubic mm. It will be observed that these figures are almost identical to those of normal human blood. Periodical blood count on the treated animals revealed an anæmia, as low as 2,500,000 in two cases, also a marked leucocytosis. Dr. T. F. Allen is authority for the statement that anæmia is a characteristic effect of Kali bichromicum; this authority probably arrived at this conclusion from purely objective and subjective symptoms as found in the original provers. In our experiment Allen's conclusion is verified by microscopical evidence.

The opsonic index of healthy rabbit blood was found to average six after several trials, using the micrococcus pyogenes albus as a basis with a period of incubation of 30 minutes at a temperature of 40 degrees C. A marked decrease of the opsonic index was demonstrated in the treated animals giving an average of three, using the identical technique as given above. Many attempts were made to infect rabbits with different ulcer producing germs, with the idea that if Kali bichromicum should then be given, that those animals receiving the drug would recover quicker from the ulcerative process than similar animals used as controls. It was found, however, that it is impossible to so infect rabbits, but by mechanical irritation of the nasal mucous membrane of rabbits' noses a simple ulcer may be produced. In this manner four rabbits were caused to be inflicted with ulcers and two of such rabbits were given Kali bichromicum, 3x trituration, four times a day. These rabbits recovered from their ulcerative condition ten days before those did who were used as controls and who received no drug. Likewise the opsonic index of the first two rabbits came to normal much sooner than did that of the later two animals. In view of the fact that the bichromate of potash causes nasal ulceration, and that simple ulcerative processes of the nose heal sooner while under the influence of the drug than without, the claim of the materia medica in this connection seems to have received actual scientific verification.

As stated before, a marked decrease in the opsonic index was demonstrated in the treated animals. In this connection the fact that a leucocytosis existed must not be confused with a lowering of the opsonic index, as the terms are not synonymous, a fact which is often misinterpreted.

Each animal was subjected to a thorough post-

mortem examination, and it was found that the organs principally affected were the stomach, kidney, heart and liver.

Macroscopically, the stomach presented the following salient features: Over-distention in five cases, congestion of the blood vessels of the fundus, a purplish hue, in three cases; no complete perforation in any case; the stomach wall was easily torn (this was not due to the thinness of the wall but to its fragility). On opening the stomach it was found that the mucous membrane was covered with a thick, tenacious, stringy mucus showing the organization of a fibrous exudate, which could not be removed by washing in any case. Beneath this lining appeared an irregular circumscribed ulcer measuring about 25 sq. cms; the musculature beneath the ulcer was practically destroyed.

The microscopic examination of the stomach revealed features as follows: The common infectuous bacteria could not be demonstrated in any case; the villæ in the immediate vicinity of the ulcers were enlarged and extremely congested; the glands in the sub-mucosa were obliterated.; there was a strong tendency towards separation of the serous from the muscular coats. Indentations were noted where the mucous and sub-mucous coats were lacking (this was only true in the areas principally affected).

Before going into the pathological findings of the other affected organs, it will be appropriate at this point to draw some homœopathic deductions as regards the prescribing of Kali bichromicum in gastric disorders, based upon the conditions as have been enumerated. Given a case of chronic gastritis, induced by constant irritations, as result from excessive beer drinking, for which the remedy is so typically indicated, an identical counterpart of the pathological conditions of a Kali bichromicum stomach would exist. One would expect to find a furred tongue with a yellow patch at the base. This perhaps accounts for the sensation of a hair upon the tongue, also that the food is tasteless with a lack of appetite. The stomach is lined with a fibrous exudate organized from the hyper-secretion of the muciparous glands to which the following characteristics of the symptomatology may be attached; nausea, with vomiting of thick stringy mucus; stomach disordered by any but mild food (the stomach cannot functionate properly due to a destruction of the peptic and other glands which were shown to be obliterated). Food lies like a load causing, as reported, the over-distention. The stomach swells up immediately after eating, as a result of the fermentative changes that rapidly take place, and organic acids are formed in excess, causing the symptom "vomited matter is sour and mixed with clear mucus." Also, in this hypothetical case, there is distress and burning rawness in the region of the upper epigastrium due undoubtedly to the infiltrated ulcerated areas already described. Dysenteric attacks, voiding mucus and blood which may be expected as a sequella from the stomach conditions, the inflammation progressing along the alimentary tract. This diarrhœa was reported in the animals upon which the experiment was performed. After this manner, eight of the salient indications for the prescribing of Kali bichromicum in gastric disorders, as given by previous authors, have been verified.

The anæmic condition which was reported was secondary in nature, based upon improper elimination and digestive disturbances. In the materia medica we also find a symptom of deep-seated ulcers for which the lowering of the opsonic index can well be accredited.

Concerning the kidney findings the following are the principal features: Macroscopically, the kidneys showed marked increase in size in four cases, and upon the surfaces were noted circumscribed spots of a deeper hue than the surrounding tissue. Microscopically, the kidneys showed cloudly swelling markedly present; increase in interstitial tissue especially in the cortical portions. In general, the findings presented a perfect picture of a beginning parenchymatous nephritis. Owing to the fact that in only two cases a sample of urine could be obtained from the urinary bladder on post-mortem, a complete tabulation of urinalysis was impossible. However, the symptoms of Kali bichromicum as regards suppression of the urine were verified by the condition just mentioned. In the two cases in which urinalysis was possible, one case showed a marked albuminuria; in the other case the bladder was filled with a yellowish semi-fluid substance which could not be definitely analyzed. In it were found epithelial cells from the pelvis of the kidney, uterus and bladder. The bladder wall was so thinned that it was almost transparent. From the analysis of these conditions it is only logical to believe that the therapeutic use of Kali bichromicum in affections of the urinary organs can be very much enlarged, especially where a nephritis co-exists with gastric disturbances.

In every case there was a marked dilatation of the heart, and by taking into account the condition of the kidneys this phenomenon can be very easily accounted for. The valves were all normal and microscopical examination revealed no evidence of muscle degeneration or any other pathological condition; therefore, the enlargement of the heart must have been due partly at least to an increased blood pressure. The opinion from these findings is that Kali bichromicum affects the heart secondarily by establishing a vicious cycle. An attempt was made to record by kymographic tracings the blood pressure and the heart action, but owing to the small calibre of the arteries in rabbits and to disproportionate apparatus the work was abandoned.

Concerning the hepatic post-mortem conditions the liver was markedly enlarged in five cases; of a very pale, almost straw color in three cases and exceedingly friable in all instances. The microscopic investigation presented fatty infiltration, also a noticeable increase of soft fibrous tissue between the acini. Authors of homœopathic materia medicas have laid very little stress on the use of Kali bichromicum in hepatic derangements. Here, again, the symptomatology of the remedy may be enriched, especially where diagnosis of common or alcoholic cirrhosis has been established.

From a pathological standpoint it would seem, in view of the abnormal conditions produced in this experiment, that Kali bichromicum would be indicated in the following conditions, its effect being either palliative or curative, depending upon the severity of the pathological condition in each case:

(1) Conditions of generalized weakness, bordering on paralysis.

(2) Catarrhal conditions of the nose and stomach characterized by tough, stringy mucus.

(3) Certain forms of enteritis characterized, for the most part, by a yellowish red diarrhœa.

(4) An absence of fever in any condition may indicate the possibility of Kali bichromicum being the remedy for the condition in question.

(5) Anæmic conditions, with a lowered opsonic index of the blood, when caused by improper elimination and digestive disturbances.

(6) Ulcerative conditions of the nose and stomach.

(7) Dilatation of the stomach.

(8) Gastritis when induced by constant and prolonged irritation.

(9) Incipient or moderately advanced cases of parenchymatous nephritis.

(10) Dilatation of the heart, especially that form resulting from co-existing kidney lesions.

(11) Pathological conditions of the liver characterized by fatty infiltration and an increase in soft fibrous tissue.

Most of the above mentioned therapeutic possibilities of Kali bichromicum have been mentioned by previous writers, and several of these conditions are well known to be benefited by this drug. There are, however, two or three possible therapeutic uses of the drug, as enumerated in this list, which, to the writer's knowledge, have not received previous mention, namely, the use of Kali bichromicum in dilatation of the stomach, and dilitation of the heart. Also, the exact blood changes which the drug produces have never before been definitely determined. Should any practical results ever follow the prescribing of Kali bichromicum in these two or three conditions the time and effort expended in carrying out this experiment may not have been altogether in vain.

There may be those who would question the deduction of applying the results of findings upon animals to the treatment of the human. In answer to this it may be stated that it is obviously impossible to push to its full limit the effect of any drug upon human beings. Also there is very little difference indeed between the function, structure and pathological possibilities between the organs of the brute and the corresponding tissues of man. Lastly, it may be said in this connection that whenever drugs have been used in the treatment of the human sick because of the fact that such drugs produce similar pathological conditions in animals, that in each instance the expectations of the prescriber have been fully justified.

Lastly, the question may be asked as to the practical value which such drug studies serve. The answer is to be found in the valuation which the prescriber places upon pathology as opposed to symptomatology as ordinarily understood. Those physicians who regard pathological conditions as factors which go to make up the complete totality of symptoms, in any given case, and who consider that pathology and symptomatology should go hand-in-hand in deciding upon a prescription, will attach great importance to the determination of the pathology of drugs. On the other hand, those of our school who ignore pathology, and who, in prescribing for the sick, place their whole faith upon mere subjective and objective symptoms of drugs and disease, will find little to commend in such lines of investigation. The writer is of the opinion that any effect which a drug can produce is a symptom to be taken into consideration in prescribing, regardless whether such symptom is discernible by the microscope or test tube only, or whether it is objective or subjective in character, as ordinarily understood.

There are many diseases whose symptomatology alone, as experienced by the patient and as seen by the physician, is all sufficient upon which to base a prescription. Such diseases are apt to be purely functional in character. Again, other diseases, mostly of an organic nature, so affect the organism as not to produce any, or very few, objective or subjective symptoms, and if, in these instances, the pathology back of the condition is not taken into consideration there is little left upon which to base a prescription. A patient may be in a very advanced stage of parenchymatous nephritis and be feeling so well as to be unaware of the seriousness of his condition. Here, owing to the paucity of symptoms, how could a remedy be prescribed without taking into consideration the pathology of the condition? Pathology and symptomatology should go hand-in-hand, and the wise doctor is one who recognizes the value of both without attaching any undue value of importance to either.

This paper was not written with even an attempt to be an exhaustive treatise on the thera-

peutic action of Kali bichromicum, but a study of the drug from a laboratory standpoint; to account or rather verify its previous pathological symptomatology by pathological findings; to expound a remedy in the light of scientific phraseology by the use of modern equipment and technique; to act as a stimulus to investigators who are interested in work of this nature, and to prove that homœopathic treatment is sure, safe and scientific.

PAPER ON "CARRIERS."*

BY J. E. STUDEBAKER, A. M., M. D., SC. D.

WE are called the people of the new, the modern races. The evolution attained by the results of modern and concentrated lines of thinking, attended by specialism in the results of general perfection of clan and the evolution of special qualifications and the perfecting of special parts and mentalisms as dominant factors in the human family, places us in the new.

In all the centuries of physical and mental moulding, the idea of power, strength and physical perfection has been held paramount, and yet to-day should be held as subservient to intuition, and while intuition is a mentality founded on specialized inheritance, yet it is a qualification whose higher method of procedure sets up definitely conclusions of far-reaching importance, and such conclusions are the foundations for elaborations that produce the highest type of results.

Have you never noted how quickly some men and frequently women come to conclusions of vital importance? With apparently no time for reasoning, they decide questions of importance with a nicety that startles you with its quickness and perfection of accuracy. This is a quality handed down, bred into the subject by a long line of ancestral influences, and you may have noted is a capability more strongly developed in the female mind.

You might be inclined to dispute this special mental asset, but the higher intellection can be developed upward, the same as the degree can descend to the lower and criminal. I think intuition to be the greatest of all inherited mental assets, and next to intuition I would place memory. Intuition is essentially an end process necessitating already formed conclusions. Hence is a prescience of judgment, and is not the result of intellectually improved processes only as they are the outcome of already antiformed mental capabilities.

Memory is a quality which, while fundamentally present as an inheritance, can be cultivated to a very marked degree. Hollander says "that memory attention and judgment are attributes of all the faculties of the mind." They could not be restricted to any particular portion of the mind. One having a memory for form, another for figure, another for tone, another for color, which would explain how in childhood separate operations of the mind developed in succession, and in old age how some operations of the mind vary in their decline.

Long lives and centuries of influence lead men to acquire certain characteristics, physically and mentally. And as these characteristics are ingrained in the offspring, a certain dominant characteristic prevails. If a race has by its environment attained a certain amount of strength along certain lines, as, for instance, great longevity, great resistance to influences that have been present for many decades in their nation or clan, or a protection accomplished by certain methods of living or an outdoor life that insures a maximum of conditions favorable to a resistance established in their bodies to surroundings unfavorable to their bodily and mental welfare, then this dominant quality is handed down and is finally a well known and observed trait of that people. This has been noted in a high type of civilization mental culture and ability to expose themselves to various unfavorable surroundings, contagions and diseases, and this resistance or system produced protection is one of the well known assets in the prevention of the spread of disease among such people.

Now if it is possible to produce higher intellection with these already formed conditions in tissues as intricate as the brain; why should it not be easier to produce perfection and protection in other parts of the body more quickly and actively changing?

That we inherit not only this protective mental equilibrium but also the protective quality against diseases is shown by the following results of a study of diphtheria, as reported in the *Ohio Public Health Journal:* "Hans Kleinschmidt has recently made a report of the result of a comprehensive survey of this field. He states that ninety-three per cent. of new born infants have an antitoxin in their blood similar to that which is artificially developed in animals, or which results in a human being from an attack of the disease. Of infants one year of age 57 per cent. are immune, and 37 per cent. of children from 2 to 5 years of age also possess an immunity to diphtheria. The proportion of those immune increase to 50 per cent. from the third to the fifteenth year, and this number is further increased to 76 per cent. between the ages of twenty-one and forty years. After forty years the immunity diminishes to 48 per cent. and maintains this proportion to the sixty-fifth year."

You no doubt remember some of the epidemics of influenza which it has been our misfortune to pass through. You have noted how some persons pass through this epidemic with ease and

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*Read before Ohio State Homœopathic Medical Society, Toledo, May 11, 1915.

rapidity, and how others were long drawn out cases. Now these easy passers had an immunity asset in their systems that modified the virility of the organism, and this immunity asset was an inherited asset, as many of these people never had the disease before, so as to set up an active immunity asset to the disease.

And there are other diseases of a like nature.

But what has these fore-stocked immunity bearers to do with the disease as they are passed, one infection to a new patient. Just this: that there are three classes of patients who have not inherited the defense, but the first one contracts an infection and reacts promptly against it. The second one contracts an infection and reacts or immunizes himself in a slow and long drawn out process. The third one contracts an infection, reacts partially to it, but never is able to completely manufacture antibodies strong enough to counteract the toxine and also destroy the bacteria of infection. This last one has never inherited a passive antibody, is strong enough to resist the complete overpowering of the system by the toxine and yet does not manufacture enough antibody to annihilate the germs. This person is denominated as a "carrier."

And they are much more numerous than we have ordinarily been led to believe. You can note that the circulating of a person carrying a disease, and yet supposed to be well, can spread an infection in a most thorough and intimate manner. Many diseases are transferred by contact, which might mean touching or inhaling some nasal, bronchial or other secretion. Any secretion consistent with capabilities that would admit of circulating in the air as streptococcus, tuberculosis, probably typhoid, influenza, etc., would transmit infection. Yet I heard a supposedly prominent medical man in Ohio say there were no air-born diseases.

The erraticities of influenza have seldom been realized. In influenza Lord found it in 60 out of 100 non-tuberculosis cases with cough, and with 29 of these in pure culture.

Emerson says: "That recently in a search for the bacillus of influenza it has been found in a surprisingly large number of cases, about as many of which did not suggest influenza as did. Such cases were usually diagnosed as chronic bronchitis, asthma, T. B., etc. The duration of these cases had varied from months to years, and one had probably continued for 45 years." Wood says: "In many cases diphtheria bacilli can be isolated from the throats of healthy nurses, who have been working in the diphtheria wards." A slight exposure to cold or a reduction of body resistance, by overwork, may make these persons liable to an attack of mild diphtheria. The clinical symptoms are very slight with practically no rise in temperature, and only a slight membrane, often confined to one tonsil. Such cases are usually unwilling to be considered as contagious and to be quarantined, but Wood has found in a number of personally observed cases that the bacteria are fully virulent, and in one case was able to show undoubted infection conveyed by a nurse with bacteria in the throat to a healthy child. He also says that in cases with nasal diphtheria examination will show large numbers of characteristic bacteria for weeks and even months after the symptoms of the disease have disappeared.

McCallum says: "That diphtheria bacilli are often found in healthy persons who have not been known to be exposed to diphtheria."

Lœffler found it in four out of 160 cases examined.

Parke and Beede found it in 8 out of 330 cases examined.

Kober in 5 out of 600 cases examined.

Denny in 1 of 236 cases examined.

McCallum failed to find it in 130 persons.

Wood says: "In uncomplicated cases of pharyngeal diphtheria the bacilli often persist for weeks and months, and it is a serious question for the physician to decide just what shall be done with these children. As to length of time bacilli may persist in the throat he gives the following table: Of the 309 cases out of a total of 654 examined, 211 showed bacilli for ten to twenty days after the membrane had disappeared. Fifty-one for 20 to 30 days, 41 for 30 to 60 days, 4 for 60 to 90 days, and 2 for 90 to 120 days.

"Some cases showed bacilli after two or three negative examinations had been made. All these bacilli were capable of virulent contagion."

Further, McCallum emphasized the fact that he was able to grow the organism from the throat of 40 per cent. of 500 cases, whose throat conditions suggested, but was not characteristic of, diphtheria, and that in many cases positive cultures were obtained from 24 to 48 hours before any membranes appeared.

In streptococcus infection some persons are not free from it for years. One case seeming to make them more susceptible for years. In typhoid cases some people are almost never free after having contracted the infection. Muir and Ritchie report "25 per cent. of the cases show the bacteria present in the urine, usually late in the disease, probably chiefly when there are groups in kidney substance."

A woman called "Typhoid Mary" has given the health authorities almost unlimited trouble, and has probably caused hundreds of persons to be infected at one time or another.

You are well aware of the results of a T. B. carrier. You are also all familiar as to the employment of men acclimated (so-called) in certain gigantic business enterprises. As the transportation of supplies and commerce in the interior of Africa, India, Asia, etc., and also the building the Panama Canal, where, although the

new cases were kept down by the fairly good obliteration of the carriers, human and otherwise, of the tropical diseases, yet the men found of acclimated races in the tropics were the men used to a large extent, and who, by a long line of protective asset, were least liable to contract or transmit disease. You note that I believe by an inherited transmission and mental, physical, bacteriological or protective assetted cases can be maintained, either in a high stage of capability in its respective field, or in a lower degree of immunity, by antisubstances suitable to the object to be achieved.

Now while you are putting these cases in a condition to defend themselves, you can do much by local and systemic treatment. Some say, "send all these cases to the country," where sunshine and pure air and oxygen await them. This is not always practical and essential. In this connection I wish to tell you how to manufacture ozonized oxygen handily, safely and cheaply. Take a quart self-sealing jar; into this put a solution of permanganate of potash in water sufficient to make a deep red color; add to this hydrogen peroxide; immediately a gas of pure ozonized oxygen will bubble through the solution and can be inhaled by the patient through a small funnel. This should be used daily. The oxygen is a great benefit to these cases, and has no untoward effect for the use of any indicated remedy.

A remedy which I prefer to use on diphtheria and T. B. carriers is to take creosote, 1 drachm; carbolic acid, 1 drachm; compound tincture of iodine, 2 fluid drachms, and alcohol 1½ fluid ounces to be used as follows: Take a half pound baking powder can, make ten holes in the bottom of it, put in a piece of cotton half as large as a hen's egg (put on the cotton ½ drachm of above solution) and put a paper or a tin funnel at the top through which patient should inhale through the nose or mouth this gas, two or three times a day, for several minutes at a time.

Where the infection is in the nose, pharynx, larynx or lung air cell, this is a superior method of ridding the case of the bacteria.

In diphtheria I prefer internally Biniod. of mercury; in typhoid of the kidney I prefer Mer. cor. In streptococcus I prefer Permanganate of potash internally, and an occasional dose of Sulphur seems to revive a susceptibility to the action of remedies.

Lastly, we must not overlook the results produced by vaccination as practiced in small-pox, and the use of the various vaccines as used at the present day.

Autogenous vaccines have come to stay, and as they are so closely related to our system of practice, I welcome them. They are reliable, efficient and safe, and their use should be limited to the exact infections for which they are prepared.

The systemic anti-protection by vaccines is a sure method of reducing active infection and putting the patient in a condition to hand down the results of this acquired asset to their children.

Summary: I believe in the attaining of higher qualities of the mind by environment, just the same as I believe in the better protection of the body by acquired protective substances.

You note that I approve of the highest ideals in inherited resistance.

You note that I approve of the use of homœopathic bacteriology to increase resistance and (aid in the cure of) disease.

You note that I approve of mental, physical and medical eugenics.

IN REGARD TO THE EXPERIMENTS OF DR. J. H. BALL, OF NEW YORK.

Third Series of Researches (Experiments of 1914) written especially for the MEDICAL CENTURY.
(Trans. by W. A. Dewey, Ann Arbor, Mich.)

BY M. CAHIS, M. D., BARCELONA, SPAIN.

BEING desirous of proving to the scientific world the truth of Homœopathy, and, considering that while, daily, Homœopaths make marvelous cures of their patients, we can also realize *in anima viti*, the cure of an intoxication, which, in reality, is only a sort of disease, I made in 1912 a series of experiments of which my pamphlet of that year is a summary.

The campaign of calumny and of silence in the homœopathic press, of which I was made a victim by certain homœopathic physicians of Barcelona, caused me to go to Ghent in August, 1913, where, before the chosen representatives of the International Homœopathic Medical Congress, I conducted my 135th experiment, consisting of injecting into a control rabbit the minimum mortal dose of Strychnine (calculated as such alkaloid) and 10 per cent. additional, leaving the rabbit to its fate. (It died within about an hour.) And in injecting a second rabbit with the minimum mortal dose and 30 per cent. additional of the same poison and then injections of an aqueous solution of globules of tetanotoxin in synthesis which contained 300 dilutions comprised between the 5701 and the 6000th. The second rabbit was saved.

The injections, both of the poison and of the remedy, were made in the right side of the animal and consequently were intracolic.

The conviction that took me to Ghent (I began the journey with an intestinal infection, and a temperature of 39.2 C.) is supported in the forty experiments which are detailed in my pamphlet of 1913, being twenty-seven experiments in which Strychnine resulted fatally for the rabbit *always* where it was injected alone, with the antidote insufficiently dynamized, and if the puncture was made in the colon of the

animal; and in the other thirteen experiments Strychnine resulted harmlessly if it was injected in the jejunum or in the band of the ileum attached by a narrow omentum to the colon.

After having witnessed my experiment, Doctors Dewee, Lafosse and Sam Van den Berghe, also the veterinary M. Hans, repeated at Brussels with my tetanotoxine, and in three distinct seances, my experiment at Ghent, always with identical results, and they were to publish an account of the three seances in the August number of the *Revue Belge d'Homœopathie*,* and, moreover, they proposed giving a public conference when the cursed European war annihilated their projects.

Before this, however, Dr. Katz, of Leipsig-Gohlis, injected Strychnine in fatal doses in six rabbits (intraperitoneally, he says) without killiny any.

And recently Dr. J. H. Ball, of New York, of whose operative skill I have not the least reason to doubt, injected intra-abdominally Strychnine in doses somewhat larger than the minimum fatal dose in rabbits and none of them died.

Thus it seems that the practices which succeeded in Barcelona, Ghent and Brussels failed at Alost, Leipsig-Gohlis and in New York.

There is something in the method which makes it insufficient for an indisputable demonstration of the truth of Homœopathy.

If at Ghent, instead of furnishing me with the rabbits of the country, I had been given rabbits of Alost, I would have failed lamentably.

Why this difference? The learned Italian clinician Baglivi has told it in his celebrated apothegm, *"Sub sole romano scripsi."*

The livers of the rabbits of Barcelona, a country quite southern, antidote much less Strychnine than the livers of rabbits more northern, as at Alost, Leipsig-Gohlis or New York.

Is this definitely a failure of the method? No, not at all. In my brochure of 1913 I had already called attention to my experiment No. 103 in which I succeeded in antidoting Strychnine (1.20 minimum mortal dose) injected hypodermically by means of tetanotoxine 5701-6000.

Many of my other experiments with others of Dr. Katz, also two of Dr. Hoovens failed hypodermically with smaller doses of the poison and with the same tetanotoxine.

It was then that I decided to raise the dilutions of tetanotoxine, and I had the pleasure to prove that the maximum of the antidotal force corresponded to the dilutions comprised from the 8701 to the 9000th. Then one can do away with the inconstant hepatic barrier and without ever exceeding the 10 per cent. increase of the mortal minimum dose. It was then that I obtained six successes in six experiments.

Then I raised still higher the dilutions and all the rabbits that I poisoned hypodermically with 1.10 minimum mortal dose of Strychnine, and that I tried to antidote with the synthesis 11701-12000 died. (Experiments 150, 151, 152 and 251, 252 and 253.)

After these results I saw that I had exceeded the limit of dynamization (for the molecular structures of the remedies—toxines).

By the six experiments which I made with the 9000th alone (Nos. 149, 230, 221, 222, 223 and 224) all died. I was convinced that not all the dilutions contained in the synthesis 8701-9000 were active.

The six experiments I made with the dilution 8730 (Nos. 160, 161, 173, 175, 176 and 177) all the rabbits dying convinced me that there was no matter here.

The isolated dilutions comprised between the 8701 and the 8725 gave me variable antidotal results that I will explain later but in general positive.

The limit of dynamization was, therefore, among the dilutions 8725 and 8730 (for the toxines).

The fact of having arrived at the limit of dynamization, had, in my opinion, a singular importance, itself proved that the homœopathic dynamization is but anatomic disintegration. If it was but an augmentation of force resulting from succussion, as is believed by some (opinion that is upset by experiments Nos. 94-98. See my brochure of 1913), or simply due to the separation of the matter as the vitalists believe, I myself would not have formed any limit in my experiments, but, on the contrary, I would have more and more an indefinite increase of antidotal force in the proportion as I raised the dilutions. It is besause I believe that it was thus I placed the title that my brochure of 1913 carries (Homœopathy Experimentally Demonstrated).

Another equally singular fact that I was able to prove afterwards which demonstrated likewise the material state of the dynamized matter. It concerns the spontaneous disintegration of the toxinic molecule by the action of time.

To elucidate this fact we will give some data.

The synthesis 8701-9000 was finished March 7, 1914. Seven days afterwards I conducted experiment No. 138. I made in this rabbit only four injections of the remedy in the first ten minutes, having received 1.05 minimum mortal dose of Strychnine under the skin of the nape of the neck, and the rabbit died. I attributed this result to the small number of injections that he received.

My hypodermic technique is, from two to six seconds after the injection of the remedy (generally intra-abdominally, although perhaps it would be preferable to make all the injections hypodermically), and I repeat them each thirty seconds up until fifteen. Afterwards if there are

*I have the letter of Dr. Lafosse, where he refers to these.

no more convulsive movements I repeat the injections each minute. If there are convulsions I make them oftener (each five to twenty seconds until the spasms have ceased).

The other experiments, Nos. 139, 140, 142, 146, 153, 156 and 163, were made in the period of days comprised between the 14th of March, 1914, and the 8th of May of the same year, saving all the rabbits with the 10 per cent increase of the minimum mortal dose injected under the skin of the nape of the neck and following the technique that I have described.

Rabbits 164 and 165 (both died) and 166 and 171 (both saved) were experimented upon under the same condition in the days comprised between the 9th and the 12th of May.

Twelve other rabbits (Nos. 261, 262, 263, 276, 277, 278, 280, 282, 283, 284, 285 and 286) were experimented upon in the lapse of time between the 20th of September, 1914, and the 6th of February, 1915, under the same conditions of experimentation saving only No. 285, the other 11 dying.

Further, in the period of time comprised between the 23d of September and the 4th of October, 1914, I experimented with tetanotoxine in synthesis 8701-9000; trying to antidote Strychnine hypodermically (1.05 minimum mortal dose) on 12 other rabbits (Nos. 264 and 267 saved and 265, 266, 268, 269, 270, 271, 272, 273, 274 and 275 all died.

Briefly, the same tetanotoxine which used in the same manner saved me all the rabbits in the first month and a half of its preparation afterwards, when it was two or three months old (from May 8th to June 14th) of five rabbits two died (Nos. 164 and 165).

Of the rabbits experimented upon with old tetanotoxine of from six to seven months, and 1.05 minimum mortal dose, and always in the nape of the neck, of the 12 only two were saved.

And the same tetanotoxine aged from 8 to 11 months and 1.10 minimum mortal dose in the nape of the neck only saved me one rabbit out of 12.

Thus it is that the disintegration of the toxinic molecule by the action of time (?) seems to follow a parabolic line. Very rapid in the first months, becoming much slower afterwards.

If one considers that by successive concussions which have separated more and more the atoms of toxinic molecule, while at the same time there is intercallated particles of a dissolvent (supposed inert), it is easily understood that on arriving at the limit of its separation, the affinity can be lost and by external causes (vibration according to my opinion. My house is situated in the center of the city and consequently is exposed to vibration).

It is yet to be determined whether the toxinic molecule is carried through space under the form of an electric fluid or comes about through the separation of the atoms of hydrogen, nitrogen and oxygen, carbon remaining only as the most constant element. My clinical experience employing tetanotoxine in synthesis 9001 to 9300 as if it was carbon is not yet definite, but it seems to me to be negative.

We must also determine whether recently prepared tetanotoxine placed in an elastic suspension takes a much longer time to disintegrate.

This new fact of the ageing of the remedy by the lapse of time had not as far as I know been yet asserted in Homœopathy, and proves in my opinion that in certain dilutions the toxinic molecule is at the limit of dynamization, and consists of a mere molecule and not of a transmitted force, while some Homœopaths do not find this alteration by time, because either they did not reach so high a dilution or they used pharmacologic substances which are not as delicate as the toxines.

And in addition this new fact explains certain very singular results.

For example, desiring to confirm the special experiments cited in my pamphlet of 1913 of submitting tetanotoxine to physical influences, I repeated experiment No. 101 causing the emanation of tetanotoxine 8701-9000th to pass through a magnetic field. Of six rabbits experimented upon (always nape of neck injections, and always 1.10 minimum mortal dose) Nos. 202, 203, 204, 205, 206 and 207, only the last one was saved, the first five died, and as these six experiments were made two months after (during the last days of July, 1914) the 12 positive experiments with tetanotoxine 8701-9000th, we must believe that if the six experiments had been made with the same recent tetanotoxine all six rabbits would have been saved, like number 10.1 (of my brochure of 1913).

I deduce from these facts that tetanotoxine 8701-9000th is not influenced by the magnet and consequently it belongs to an order of molecular disintegration much higher than the order of electrons (see my brochure of 1913).

This confirmation spares me the repetition of experiments upon the action of physical means cited in my brochure of 1913.

Four months after it was prepared and mixed with other accords and synthesis* comprising dilutions from the 6th to the 9000th (to which I give the name of *pan* 3.)

Theoretically, the low dilutions should reinforce the high, and one can hope that this assembly ought to *sustain* the toxinic molecule *avoiding* its disintegration. At least I believed it, but it was not so; of six rabbits experimented upon (always under the same conditions), Nos. 192, 193, 194, 195, 196 and 197, there only was saved number 194.

*See Transactions of the Eighth International Homœopathic Congress, held at London, 1911.

Synthesis lower than the 8701-9000 gave me more doubtful results.

Synthesis 8401-8700 of six rabbits, Nos. 168, 169, 170, 172, 249 and 250, only one was saved, No. 249, the others died. As the four first were experimented upon in June, and the other two in September, 1914, and this synthesis having been made on the 5th of March, one might ask if the disintegration of the higher synthesis happens with this one or whether it concerns a less pure antidotal power.

Synthesis 8101-8400 gives me identical results of the numbers 243, 244, 246, 247 and 248, only 244 was saved.

As this synthesis is already quite far from the limit of dynamization, I would easily think that the small percentage (16 per cent.) that is obtained with this synthesis would be comparable to the small percentage of cures that one obtains with the 5701-6000th (a single rabbit saved, No. 104, against 15 or 17).

Another synthesis which I have compared five months after its preparation (August, 1914) and which was a mixture of synthesis 8401-8700 and 8701-9000, gave me of six rabbits experimented upon all fatal results (experiments Nos. 215, 216, 217, 218, 219, 220). Thus according to this, still another time it has been proved that the low dilutions do not reinforce the high, and again Dr. H. Kubasta found, in the experiments that I cited afterwards, the new and surprising fact that the dilutions comprised between the 6th and the 300th mixed with the high (900th to the 6000th) a weakening (antidotal).

The dilution 8701 alone gave me 50 per cent. of cures. Rabbits 178, 181 and 183 saved and 179, 180 and 183 died, and the experiments were made the last days of June, 1914.

Dilution 8702 gave me six deaths and two saved, or 25 per cent. of cures. Nos. 184 and 187 saved, and 185, 186, 188, 189, 190 and 191 died, and the experiments were made the first days of July, 1914.

Dilution 8712 gave me six dead rabbits in six experiments, or 100 per cent. of deaths. The experiments were made about the middle of July, 1914.

Dilution 8713 gave me two deaths (Nos. 225 and 227) and one saved (No. 225) or 33 1/3; time, middle of August, 1914.

Dilution 8714 gave me also 33 1/3 per cent. of cures; two rabbits died, Nos. 228 and 230, and one saved, No. 229, 16th to 18th of August, 1914.

Dilution 8716 also gave me 33 1/3 of cures, 231 saved and 232 and 233 died, 19th to 21st of August, 1914.

Dilution 8718 of the three rabbits experimented on, all three died, Nos. 234, 235, 236.

Dilution 8720 gave me two rabbits saved (237 and 239) and one died (238).

Dilution 8722 gave me two rabbits dead (240 and 242) and one saved (241).

And dilution 8725 gave me 3 rabbits saved (Nos. 159, 200 and 201) and three died (158, 198, 199).

With the 8726 I made a single experiment and the rabbit died (260).

The reunion of 30 dilutions, Nos. 8701 to 8730, which seemed to have given the most cures, gave me only 16.6 per cent. of cures. (Nos. 254, 255, 256, 257 and 258 died and 229 cured.)

This astonishing result can be explained by the destruction produced by time, of the major part of the molecules. (This synthesis was experimented with from the 12th to the 17th of September, 1914, that is, after those of the isolated dilutions.)

As to the isolated dilutions one might think that their feeble and irregular action could be due to the complication of their homœopathic action with aggravation which I have termed a kind of anaphylaxis (see my brochure of 1913).

This series of researches is not terminated nor is it the work of a single person, only I would advise experimenters who follow me, that they make the dilutions themselves. When one reaches such high figures the difficulties of a correct execution are very great, and one should not relegate to a second operator the task of making them. Only it is necessary to have an immense faith in the high dilutions, because during the long preparation one cannot do less than to ask the question, Isn't it possible that there is something else there?

As to the solution of Strychnine naturally as it is almost insoluble in water, I add to the Strychnine place in the water a few drops of dilute sulphuric acid as I did at Ghent.

Naturally, of course, there results a sulphate, but as the calculation of the minimum mortal dose has been made for pure Strychnine, I prefer to always so speak of it to avoid confusion.

Thus Dr. Katz, who is so timid, wishing to calculate the doses of the two Strychnine, the pure and the sulphate, in each of his experiments,* gives in the first a relation between the two mortal minimum doses equal to 1.62, in the second equal to 1.39, in the third equal to 1.44, in the fifth equal to 1.31, and in the sixth equal to 1.30.

I well know that it would have been preferable to have explained this in my former articles. I suppressed it in order to be brief.

Before ending I would beg of Dr. Ball to use the bacillus of Nikolaier that was not preserved with antiseptics, because in the case of tetanic toxine of the house of Parke, Davis & Co., the tetanotoxine and also the trikresol with which it is preserved is dynamized at the same time.

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*Allgemeine Homœopatische Zeitung-Leipsig, Nov. 1913. Band 161, No. 11.

In my next article I will explain the contentions of Dr. Hans Kubasta, and *perhaps* I can say something of the experiments that I am about to commence to try to antidote veratrine by means of cholerotoxine.

April 14, 1915.

"WHEREWITHAL SHALL WE BE CLOTHED?"

BY S. B. LESLIE, M. D., OKMULGEE, OKLA.

PEOPLE wear an abundance of clothes because they are victims of circumstances or fashion. There was a time when the human race wore no clothes and nature supplied an abundance of hair to cover our nakednesss. Of course, this doctrine of no clothes will not meet with the approval of the tailors or dressmakers, but they did not exist then, not even in the imagination of the people. They are products of modern times.

We are ushered into the world very nude, but the nurse soon wraps us in cotton, usually under our earnest protestations. Thenceforth, we are victims of clothes. Little ones have a natural antipathy for clothes, they prefer to be left naked, which is an evidence in favor of the no clothes theory.

The habit of wearing clothes on the body, ever so important it may seem, is not necessary to man's physical well being. I make this statement knowing that the charge will not be popular. Te preach the doctrine of no clothes, especially our cold season, naturally will meet with much opposition.

Joseph W. Knowles left his studio in Boston, Mass., and went to the wilds of Maine two years ago this spring and lived the primitive life for a period of six months, beginning in March, and leaving the woods in August. He went into those forests as nude as he came into the world one cold night when there was a light rain coming down. Of course, this was the trying time for him, and he was compelled to run around under the boughs of a large tree to keep from freezing to death. But he remained in those mountain fastnesses, out of the sight of man, subsisting on roots, herbs, fish and some venison and came out at the end of his allotted time a strong, vigorous man, proving that it is possible for man to live the primitive life to-day.

The exposure of the naked body to direct rays of the sun is a therapeutic measure of great value. We all know its value in the treatment of the sick. We see the beneficial effects of the sunlight when we see the tourists returning in great numbers from their vacation. They are ruddy, red faced, strong and vigorous. They have a new lease on life since their vacation.

I am told that near the Adriatic mountains of Austria there is a village where nudity is practiced. The debilitated go there and in the costume of Adam expose their person to the air, sun's rays, the gentle rain and the velvet-like grass. Hat and short trunks only are allowed. Sexes are separated, baths, gymnastic exercises and games are indulged in, and a strict vegetarian diet completes the cure.

I think that you will agree with me when I say that the healthiest people we have are the ones who go half naked to-day, live in open houses and on a very simple diet. Colds, influenza, la grippe and pneumonias came with the advent of the new modern home and the latest styles in dress. There may have been a few cases of pneumonia in old times, but nothing to compare with the number of such cases to-day.

That I might make myself better understood and evade the stigma of crank, I beg a little further indulgence so I may set forth some practical and modern conclusions. If asked to enumerate clothing especially detrimental to health we would perhaps begin with all tight fitting garments, such as hats, shoes and the corset, etc.

Baldness is common only to the masculine gender, and when the fair sex get to wearing our hats they may expect a similar fate. Life insurance companies do not yet exclude baldness among disabilities involving extra risks, but sooner or later they will, I think, because exposure of a bald head to drafts is a frequent cause of colds and pneumonias. That's where hair ought to grow remember, and would if let alone.

The foot is treated worse than the head. The natural exhalations from the feet are large in amount, and because of its encasement in a warm, tight shoe decomposition rapidly takes place, and the ptomaines thus formed are rapidly absorbed into the system and possibly poison the system. The habitual barefoot is never a source of autoinfection. While it may get many a scratch, many a bruise, it is conducive to health. The body could not stand to be encased as we clothe the feet. It was once beautiful and adpated to all the uses for which it was designed. It must have been healthful and strong and suitable to all the needs of its owner as the foot of an elephant or lion or cat.

Not long ago the Empress of China ordered her woman subjects to discontinue the use of the time-honored tight shoe, and the news was greeted with delight all over Christendom. But no civilized sovereign has had sufficient nerve, or, shall we say intelligence, to denounce the corset habit as a disgrace to civilization, and that it ought to be prohibited by law. But while it is true that the corset represents one of the worst outrages against nature, the most injurious attempt to alter and distort the "human form divine" which have ever received the sanction of a large number of people, it is also true that all tight fitting garments are harmful in proportion to the importance of the structures affected

and the amount of pressure exerted. Some of our most eminent physicians of the East include in their prescriptions the injunction to wear no tight fitting clothes. They maintain that drawers should be loose like trousers if they wear them at all. One mighty good Homœopathist says he had not worn any underwear for seventeen years, and during that period had had no colds, whereas before he was scarcely ever rid of it. But the sensible way it seems to me is to wear light, comfortable underwear the year round, and use sufficient clothing when out in the cold, such as cloaks and overcoats.

In summing up I would say that clothing is unnatural and unhealthful. This paper will not bring about a radical change toward a state of nudity, I am free to confess, owing to the firmly established custom, laws and prejudices. If such changes should begin the change would be a gradual one, because of the unyielding character of habits that antedate civilization and history itself. Gradual changes in this direction are desirable, however, and should receive the encouragement and support of all physicians. We should encourage parents to let their children go with bare feet, bare heads and scanty clothing, especially in summer. We should encourage the invalid to take the sun bath, and selected cases the nudity cure. Closely fitting garments of all kinds are injurious and should be vigorously condemned and healthful substitutes recommended. Porous, aseptic underwear should be insisted upon to wear next to the skin the year round. Not the unclean, unhygienic woolen underwears, but the lighter weights that are easily kept clean.

The feet should be washed two or three times a day, and the footwear light and to be changed every few days. The head gear should be loose and light if any at all. Don't force the children to wear anything on their heads. Let them go free as they so much prefer.

It is well to remember that many of our cherished ideas, laws and customs are based on usage rather than on reason. Nevertheless, the race is rapidly progressing. The first step toward any real progress is to recognize its need.

We cannot look back, even to the day of the American Indian, without acknowledging the health of those who roamed the plains in scant attire. If we do ourselves justice we are equally obliged to condemn the tyranny of fashion which has imposed upon the human physiology in many ways, from the corset to the high heel. While the spirit of decoration has been one influential motive of dress, the question of protection is of far more importance. The use of excessive clothing is certainly a habit. It starts with the mother's anxiety when she bundles and covers her baby to exhaustion, and it continues during the life of many who become hothouse factors during the physical campaign of life. Manly vigor is most pronounced when it exerts some resisting powers. We find to-day that the man who furnishes the bone and sinew of business progress was the bareheaded and barefooted boy who gained this power of endurance in the country.

We are prone to criticise the claims of those who have proclaimed the benefits of nature's treatment of disease, and yet, if we honestly reflect on this subject, we shall be obliged to admit that the most astonishing and lasting cures have been effected through this agency. Our consumptives have been saved only through the out-of-doors life. Our worst cases of physical infirmity have found health as they have penetrated the forest and prairies. The luxuries of civilization have encouraged debility; the environment of the household is too often the breeding place for disease; the superabundance of clothes is too frequently the incubator of ill health. If man could put his bare feet upon the ground in the propitious season; if the sunlight could always find us, and if the pure air could constantly enter our lungs, life would be prolonged and health would be enhanced. [Oklahoma Institute of Homœopathy.]

PRESIDENT'S ADDRESS.

BY W. W. OSGOOD, M. D., MUSKOGEE, OKLA.

THE tenth year of the Oklahoma Institute of Homœopathy has completed its work and history; as her labors, be they good or ill. We are the virgin State of the Republic with boundless opportunities, resources and privileges; but while this is true, the status of medical legislation, the assimilation of medical schools, the application of the art to unqualified standards, the demand for higher education with endowed institutions, have mitigated against the adequate turning out of efficient men to supply the demands of those who, by reason of death, are taken from our midst, and furnishing men for the districts which are coming into prominence from the natural growth of a new State; these and others that might be mentioned have peculiarly hindered the growth of Homœopathy, in keeping with other States, which, by less stringent times and requirements, have attained sufficient men to uphold and maintain our progressive standards. Yet even these might be turned to good purposes if our seventy-five members were all active and appreciating the duty and opportunity they have in this State of three or four million population.

No physician has done his part until he has provided a man for his place and a man for one unoccupied place of unexcelled opportunity.

No Homœopath is entitled to the protection afforded by the American Institute of Homœopathy and the State Institute until he is a member of each and lending his strength for the better-

ment of medicine in our State and nation. No man justly merits the diploma which has been issued him by his Alma Mater who is indifferent to the interests of that institution and its teachings in the confines of the district in which he is a resident. Every man who bears credentials from any homœopathic institution is a traitor to that learning if he does not either repudiate it or support it; to be classed as one, enjoying all of its privileges, and not subscribing to its support and uplift, is one of the conditions which is frequently found by members of its fold who have given better promise, and, if the truth could be once borne in unto them, would rally and carry as manfully the banner of our principles. This paper has been written with the hope that it might reach some who have thus far laid down the weapons of defense, from distance or indifference, might be awakened and enlisted in the ranks that so much need their support.

As president of the Oklahoma Institute I deeply sense the honor conferred upon me. The honor has been a pleasure, the responsibility not without pain. I enjoy the fellowship of my fellow practitioners. I am imbued with the greatness of our calling. I love the study and positiveness of our principles. I love the service which I am privileged to give to humanity, and more than I can tell, the office of your chief executive has been for this short period an honor that will remain with me throughout my life; but with all of these, I must confess disappointment has at times been my portion. That I have been misunderstood is evident from the occasional intimations that I have overlooked servants who would have willingly served, and from failure of selection have felt slighted; but my dear fellow workers, if you will look with me and understand that others who have not been so active during the past years have been selected you may in a measure understand and appreciate that we have always felt no incentive was necessary, and when opportunity came you would do your best without appeal to your pride or the holding of places of responsibility.

I am glad to note and commend the untiring efforts and enthusiasm of many of our members and to them rather than to myself is due the success of this year's work.

Our interests are such that meetings with elaborate programs, entertainments and banquets do not rightfully measure our progress, but rather subtle movements that have in mind the bringing together of laws, acts, representations founded upon the principles of Homœopathy that will in the future make themselves felt in the uplift and sturdy growth of this great State, and minister to the betterment of the people which we are privileged to serve. If we have the idea that our responsibility rests only with our family and constituents be at once deceived. True, the first law of nature is to support our own and to become something in the community of which we are a part, but a greater interest is at stake in a commonwealth like Oklahoma, and to ignore our relations and rights to this coming State will be to defraud a great people of principles, that should rightfully be theirs, besides withholding from the State principles that are theirs by right, and can come through no other source but by its possessors which we are.

We should maintain at all times a legislative committee accessible to the seat of government, which would be active, and see that proper legislation is passed, see that due appointments are made, see that the health principles of medicine are before the press and curtail or encourage every needful effort for the proper application of the healing art, to institutions, districts, cities and communities. Only as we arouse to these responsibilities can we carry forward the trust which our station and Alma Maters have given to us and are found to deliver or to be placed in the "book" of nameless men who failed to rise when opportunity and duty knocked at our doors of merited service.

The amalgamation of Homœopathy will never come notwithstanding the fact that many have so prophesied. Its principles are permanent and will stand to the end of time. We, as a profession, may become the foremost advocates of a great university of medicine, which is as it should be, for we hold the immutable key to the law of cure; but these things will not become facts and history until we rightfully assume the place which is rightfully ours. He who stands back is a cumberer of science, and will wake up some day to lost opportunities. He who works shall have the honor, and I am glad to note that many there are who will be in the vast army of medical aggrandisement.

As president of the Oklahoma Institute of Homœopathy during the past year a few things have come to my notice that I believe remedied will help much toward our proper recognition.

The securing of a dozen able men to occupy needed places of prominence with rare opportunity for service. The appointment of two laymen who are well grounded in the principles of Homœopathy as directors upon the Board of the Kansas City Homœopathic College. Awakening of interest in all Homœopaths to become active members of the Oklahoma and American Institute of Homœopathy. The encouragement of more efficiency among the members of the profession and a free interchange of gratis consultation. The general use of institute letter heads for our correspondence, which should be furnished at cost to members. The meeting in semi-annual (four or more places) meetings each fall besides the regular annual meeting. And the cultivation of a large list of associate members. [Oklahoma Institute of Homœopathy.]

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VOL. XXII JULY, 1915 No. 7

THE AMERICAN INSTITUTE.

THE meeting of our National organization was held in Chicago, June 28th to July 3d. The attendance was over 500 in membership besides many visitors.

Many important matters were discussed, principally the topic was a proposed change in management, and an attempt was made to change the Constitution and By-Laws to provide for this change. An unwillingness on the part of those present to accept the report of the committee and to pass upon such an important matter without due consideration caused the tabling of the whole matter for a year with order to have in printed form the proposed changes and distributed to the membership previous to the next meeting.

It is acknowledged that the business methods of the Institute need revision. The earning capacity of the organization is limited to membership dues, subscriptions and advertising of the *Journal,* the latter having decreased instead of increased. That the income is insufficient to properly carry on the work is evidenced in the fact that for the past three years but $500 has been extended by the Institute to support the work of the Council on Medical Education, and had this body to rely on the funds furnished it by the Institute it would be like most of the other committees of the organization, inactive and hampered. There are two ways to improve the finances of the Institute. First, by increasing its income, and second, by economical administration of its funds. The first is possible by increasing its membership, its *Journal* subscriptions, which are now practically confined to its membership, and its advertising. The second is brought about by uniting its administrative activities. There are too many holes in the skimmer; some reduplication, for instance, the membership committee calls for lists of the homœopathic profession of the country, not knowing that such lists are already made, so the plan of dividing the Institute into two great departments, administrative and scientific, is a primary move in the right direction.

The official body, known as the Board of Trustees, is somewhat unwieldly; add to this the "advisory" trustees composed of the officers of the sectional societies, Council on Education and it makes a body too large for effective work, especially at Institute meeting time. Thus all of the trustees but one were in attendance. Yet no meeting of the trustees found every man at his post. There was too many attractions elsewhere for some, others were on the literary program, others had other committee work. The plan of the new order is to have a Board of Control of three assume charge, the board to be appointed by the trustees is one that would appeal to any business organization.

The Council on Medical Education made extensive reports to both the trustees and the Institute, the points of which are the following:

1. Consideration of the recommendation of the Surgical and Gynæcological Society.
2. The colleges, particular reference being made to the closing of the Kansas City Hahnemann College and the establishment of State University Homœopathic Departments in Ohio and California.
3. The Educational Report to the United States Government.
4. The work of hospital inspection, grading and standardization. This is to be taken up and carried to completion the coming year.
5. Society federation.
6. Publicity propaganda.
7. Financial status.

Point 7 is one of importance. As before stated the Institute during the past three years has furnished but $500 for the work of the Council. The trustees, however, permitted the Council to raise its own fund. It has collected to date over $5,000. It has spent over $2,500 on two of our medical colleges for "promotion" purposes with excellent results on one hand, as our Ohio Col-

lege is firmly established, and less flattering success on the other, our Kansas City College has been discontinued, but the work of the Council may yet cause a phœnix to arise in the southwest out of the ashes of this institution. The treasurer reported a balance of 91 cents as the financial status of the Council at the meeting, but there is money due from pledges, both general and those obtained by its agent for the Kansas City work, and the Ohio State Society is considering the Council's financial help to the Ohio institution as a loan, and has voted to refund the same as it is able to do so. It is even hoped that Kansas City will do the same. This much is certain: it has never been an agreeable task for the Council to raise its own funds; it could do better work did it not have the worry and uncertainty as to its finances; therefore, it should have a budget adequate to its needs. The Council has under way an important work in a proposed booklet of the properties of the homœopathic school of medicine. This is to be carried out, and it can be done much more effectively if liberal aid for the project be forthcoming.

The election of officers resulted as follows:

President, Dr. Henry C. Aldrich, Minneapolis, Minn.

First Vice-President, Dr. T. E. Costain, Chicago, Ill.

Second Vice-President, Dr. Cornelia Brant, New York.

Treasurer, Dr. Thos. Franklin Smith, New York.

Secretary, Dr. Sarah M. Hobson, Chicago, Ill.

Registrar, Dr. W. O. Forbes, Hot Springs, Ark.

Trustees, Dr. B. E. Miller, Portland, Ore.; Dr. J. R. Horner, Cleveland, O.; Dr. F. M. Dearborn, New York.

The next meeting will be held in Baltimore, Maryland.

HAHNEMANN COLLEGE OF THE PACIFIC.

AFTER many conferences between President Wheeler, of the University of California, and the deans of the University Medical School and the Hahnemann Medical College of the Pacific, an agreement has been signed making the latter a part of the medical department of the University of California. It is believed that this action is the very best thing that has ever been done for Homœopathy on the Pacific Coast.

The Regents on June 8th unanimously adopted the plan of amalgamation and empowered the finance committee to proceed with the legal absorption of the property and carrying out of the trust involved.

The plan secures the condition that the two schools of medicine are placed absolutely upon an equal footing in regard to materia medica, clinical medicine and homœopathic therapeutics. The students may take either course and have equal rank and receive the same degree. It is in reality creating a department which will have the same standing as other departments in the University Medical School.

The present board of regents are all sympathetic in the movement, and we trust that the matter has been so safeguarded that successive administrations will be powerless to change what now appears to be a desirable condition, viz., the teaching of Homœopathy as a speciality in therapeutics in the best possible way.

It devolves now upon the homœopathic profession of California to lend its hearty support to the upbuilding of this department, to induce their students to patronize home institutions, for we believe that many will be saved for Homœopathy who would otherwise have only a distorted idea of it.

The Hahnemann College of the Pacific has had over thirty years of honorable existence; it has always stood high among the professional schools of the coast; it has been respected and honored; it has a large alumni list, and it has always had the endorsement and support of the Council on Education of the American Institute of Homœopathy.

While this amalgamation differs very materially from anything ever done before in Homœopathy, it is confidently expected that the experiment will be a successful one, and that all other state and private medical schools desiring to remain in the forefront of medical teaching will adopt this or a similar plan.

Homœopathy then has within the past year entered the universities of Ohio and California, and the opposition of a few interested medical politicians has been powerless to stay its march; in fact, this very opposition has been of benefit. The medical schools of Michigan and Iowa have been immeasurably strengthened by having Homœopathy represented. Boston University School of Medicine has ever been one of our

strongest schools and has thriven and attained a vigorous growth right in the shadow of that greatest of all American medical schools, Harvard, and we are confident that both Ohio and California will prosper as never before in their medical departments.

TO THE OFFICERS AND MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY— AN APPEAL

BY GEORGE BURFORD, M. D.,
President of the International Homœopathic Congress, 1911. First Vice-President of the International Homœopathic Council.

JOHN P. SUTHERLAND, M. D.,
Dean of the Boston University School of Medicine. President of the International Homœopathic Council. Member of the Board of Trustees of the American Institute of Homœopathy.

Honored Colleagues:

It would be strange, indeed, should living and moving Homœopathy, on which the sun never sets, fail to take its place as a Healer of men in that Armageddon, which is devastating the manhood of European nations. While the roar of guns and the tramp of armed men shake the skies, the influences which heal the wounded and restore the sick act as a moral antiseptic in that ferment and welter which is disintegrating the civilizations of the Old World. And the Medicine of Experience, that Homœopathy which is the Healing Art par excellence, is called on to act in the interests of the sick and suffering soldiery, and to play its high part in the restoration to health and strength of those of whatever nation who are stricken with disease, while doing their duty to their country.

Early in the present year, two Medical Commissioners were sent from England to France-Belgium, to find a building which could be utilized as a Homœopathic Hospital for the sick, not the wounded. With the powerful influence of Dr. Arnulphy, our distinguished colleague in Paris, they secured the tenancy of a well-equipped Sanatorium at Neuilly, obtained official recognition and inclusion by the French Red Cross Society, and reported their work to a Provisional Committee sitting in London.

An appeal was forthwith made to the Homœopathic physicians and their clientele in Great Britain. Presided over by the Earl of Donoughmore, a meeting was held at the London Homœopathic Hospital, a mandate given to staff and open the Hospital without delay, which by virtue of its many-sided relations was denominated the Anglo-French-American Hospital.

This Hospital is now in full work; its present equipment is 50 beds, which are already filled with sick soldiers from the fighting lines; the medical staff is drawn from the ablest Homœopathic physicians in Great Britain. The resident Medical internes are Doctors Petrie Hoyle and Macnish, the latter a former physician to the London Homœopathic Hospital. Month by month the appointed physicians on the rota leave their practices and depart for volunteer service to the Neuilly Hospital. First to go was Dr. Cash Reed, Physician to the Liverpool Homœopathic Hospital. Following him was Dr. Spencer Cox, formerly physician to the London Homœopathic Hospital. Next will join them Dr. Hobart Barlee, who, for several years, conducted a homœopathic practice in Lyons, France. Next follows Dr. Alfred Hawkes, our veteran colleague in Liverpool. And the other brethren in due course.

The nursing is of the highest class, consisting of trained Hospital Nurses, presided over by Mrs. St. John, herself a lady of previous War experience. And the Consulting Physicians are Dr. Arnulphy, of Paris, and Dr. Byres Moir, of London.

The financial responsibility has been undertaken by the Homœopaths of Britain, and they have engaged to finance the Hospital at the rate of some £300 per month. This only applies to a service of 50 beds. The Committee of the Hospital and the Hospital Staff are prepared to raise the number of beds to 100 and are urged to do so by the French Red Cross Society and thus to double the immediate usefulness of the Institution. Whatever the totality of occupied beds, the Committee of Control will maintain the working of the Institution, alike in Medical Staff, in Nursing qualification and in Hospital equipment, at the highest available efficiency.

To this end—the doubling of the Anglo-French-American Hospital in size and work—we fraternally invite the powerful aid of our American confreres. This institution is the only institution that stands for the values of Homœopathy to the sick in War along the Western War front. Its records, at the end of the war, will be published as statistics of the cases and their recovery-rate under Homœopathic therapy. We know what new-school remedial measures

can do for Acute Pneumonia, Acute Rheumatism, Acute Enteritis, in times of peace. We expect our records obtained in time of War to be no less impressive and arresting. Not merely for the honor and glory of Homœopathy, not only for the lustre attaching to the American name, but for the salvation of life and the restoration to health of the victims of militarism and the martyrs of patriotism, we invite your co-operation.

The cost of doubling the present Hospital is £5,000 and may well be put through as a lump sum.

In the interim, donations for the present conduct of the work will be received and transmitted by

DR. JOHN PRESTON SUTHERLAND,
Dean of the Boston University School of Medicine.

DR. SARAH M. HOBSON,
Editor of the Institute Journal.

NEWS ITEMS.

ARKANSAS.

Dr. Scott C. Runnells was united in marriage with Miss Grace Nash, on the 27th of April. Dr. and Mrs. Runnells have returned to Little Rock, where they will make their home in the future.

CALIFORNIA.

The Legislature has passed a bill requiring the Governor to appoint practitioners of all schools of medicine on the State Board of Health. This is as it should be and other States would profit by following the example of California.

ILLINOIS.

Dr. J. P. Cobb has removed his residence to 5004 Drexel Blvd., Chicago, Ill.

A dinner was given in honor of Dr. James C. Wood at the Hotel Sherman, July 1st. It was largely attended and a great success.

INDIANA.

Dr. Geo. Shoemaker has finished his work in the Pittsburgh Homœopathic Hospital, and is located with his father at North Manchester.

MASSACHUSETTS.

The New England Twilight Association held a meeting in Cort Theatre, Boston, when lectures of Twilight Sleep were delivered by prominent Boston and New York physicians. Mrs. Mary Boyd, a Twilight Sleep mother, also spoke. Dr. Eliza Taylor Ransom was the Boston speaker, and related her experience with a large number of cases.

Newspaper articles in favor of the method have quoted Dr. Edwin W. Smith, Dr. Fred. Sears, Dr. Frederick L. Emerson and others, all interested in the method.

The 84th session of the Massachusetts Surgical and Gynæcological Society was held in Boston, June 8, 1915, at Pilgrim Hall. The papers were: "The Surgical Treatment of the Stomach Condition," by W. F. Wesselhœft, M. D.; "The Diagnosis of Surgical Conditions of the Stomach," by John W. Lewis, M. D.; "The Diagnosis of Surgical Conditions of the Stomach From the X-Ray Standpoint," by A. W. George, M. D. Discussions were led by George E. May, M. D., J. Arnold Rockwell, M. D., and Nelson M. Wood, M. D. The following were elected to membership: Frank W. Mathewson, M. D., of Boston; Mary T. V. Moore, M. D., of Boston; James Y. Rogers, M. D., of Lowell; Clarence W. Sewall, M. D., of Boston; Louis Silver, M. D., of Boston; Waldo W. Walker, M. D., of West Somerville, and Robert H. Whitmarsh, of Providence, R. I. Dinner was held at Young's Hotel, in the evening.

Harvard Medical School has let down the bars and a student will be admitted to its courses now who has had two years' work in regular, accepted College courses, instead of four years.

Miss Idabel Durgan, a graduate nurse of the Homœopathic Hospital, Boston, has opened her home for a few selected cases requiring nursing, at 4 Merlin street, Dorchester.

By the will of the late Miss Helen Collamore $2,000.00 was given to the Massachusetts Homœopathic Hospital with an additional $30,000.00 for the purpose of obtaining three perpetual beds in that Institution. An additional $5,000.00 bequest was given for the Boston University School of Massachusetts.

MICHIGAN.

Dr. E. Mather has opened new offices in Mt. Clemens.

The University School of Nurses of Michigan Homœopathic Hospital commencement exercises were held on June 7, 1915. The address of the occasion was made by G. G. Caron, of Detroit, Mich.

The Michigan Homœopathic State Society held its meeting in Detroit on May 18 and 19. A good attendance was present; in fact, the best in many years. The speakers at the banquet were Governor Woodridge N. Ferris, of Michigan, and W. H. Dieffenbach, of New York. Dr. J. M. Lee read an excellent paper on the Treatment of Cancer, illustrated by some excellent photographic reproductions.

The commencement exercises of the State University Homœopathic Medical School were held June 24th. The number of graduates was twenty-four. Following the

exercises the students and faculty held a reception at Dean Hinsdale's.

MISSOURI.

An interesting defense of Homœopathy appeared in the St. Joseph News Press, Saturday, May 15th. Dr. H. W. Westover, of St. Joseph, is one of Missouri's strong advocates.

NEW JERSEY

Dr. V. A. H. Cornell announces that he will be at the New Monmouth Spring Lake Beach from June 26th to September 10th.

NEW YORK.

There were 69 graduates from the New York Homœopathic Medical College at its annual commencement June 1st.

The New York Medical College for Women graduated 9.

Dr. J. H. Fobes announces that from July 1st to September 15th he will receive patients from 11 until 1 on Tuesdays and Fridays by appointment.

Dr. John B. Garrison will be in his office only Mondays, Wednesdays and Fridays during July. During August he will be at Waters Park, Pa.

OHIO.

There were four graduates from the Training School for Nurses of the Sawyer Sanatorium at the fourteenth annual commencement held July 7th. President W. O. Thompson, of Ohio State University, addressed the graduates.

PENNSYLVANIA.

A bequest of $5,000.00 has been given to the Hahneman Medical College, of Philadelphia, by the late Emma L. Murphy.

The late Emma Paul also left $5,000.00 in her will to the Homœopathic Hospital and Medical College, of Philadelphia.

Hahnemann Medical College, Philadeliphia, Pa., graduates class of twenty-two. Twenty-two young men, after four years of study, received their diplomas at the sixty-seventh annual commencement exercises at their medical Alma Mater in the Garrick Theatre, on Thursday morning, June 3, 1915.

Dr. Woodbridge N. Ferris. Governor of Michigan, made the principal address of the occasion, speaking on "Making the World Better." The program included a variety of musical numbers, an invocation by the Rev. Floyd W. Tompkins, the conferring of degrees and awarding of prizes by the Dean, Dr. Wm. A. Pearson. Dr. Wm. A. Sylvis, presided at the organ.

A reception was held for Governor Ferris following the commencement exercises at the Adelphia Hotel.

In the evening at seven o'clock a reception was held in honor of the fiftieth anniversary of Dr. Rufus B. Weaver, as Professor of Anatomy, at the College, after which the Alumni Association held their annual banquet, which was quite an elaborate affair, and was attended by a large number of physicians. The Association paid tribute to the fifty years of service of Dr. Rufus H. Weaver, anatomist at the college, by presenting him with a gold medal, one thousand dollars in gold and a gold watch. Dr. Weaver's work in research and as an anatomist have won for him the attention of the medical profession of America.

Among the speakers at the banquet were: Dr. Wm. W. Van Baun, Congressman George S. Graham, the Rev. Floyd Tompkins and Harold P. Peckham, president of the class of 1915. Dr. Martin S. Budlong, of Providence, R. I., president of the Alumni Association, presided at the banquet.

The following are the graduates of the class of 1915 who attended the banquet: Linford Shepherd Besson, Stephen Campbell, Wm. Wallace Chisholm, 3d, Harry Dellmarr Conley, B. S., Earl Spencer Duncan, Roger Talmage Fox, Clarence Hamilton Gray, Horace Francis Kline, J. Glen Knauer, William Russell Levis, William Lemmon Martin, A. B., Ashton Earl Neely, Harold P. Peckham, B. A., LL. D., H. Malcolm Read, Myron Parkhill Rudolph, John Preston Sharp, Graydon Brown Smith, Francis Earl Spencer, Daniel E. L. Stedem, Max Riebenack Stockton, Alfred D. Strickler, and James Francis Tompkins.

HOSPITAL APPOINTEES, CLASS 1915, HAHNEMANN MEDICAL COLLEGE.

Hahnemann Hospital, Philadelphia, Pa.: Wm. Wallace Chisholm, 3d, Huntingdon, Pa.; Earl Spencer Duncan, Coatesville, Pa.; Wm. Russell Levis, Media, Pa.; Wm. Lemmon Martin, Philadelphia, Pa.; Francis Earl Spencer, West Grove, Pa.; Daniel E. L. Stedem, Philadelphia, Pa.; Max Riebenack Stockton, Swarthmore, Pa.

Women's Homœopathic Hospital, Philadelphia, Pa.: Harry Dellmarr Conley, Philadelphia, Pa.

Pittsburgh Homœopathic Hospital, Pittsburgh, Pa.: H. Malcolm Read, York, Pa.; Myron Parkhill Rudolph, Pittsburgh, Pa.; John Preston Sharp, Palmyra, N. J.; Alfred D. Strickler, Lebanon, Pa.

Wilmington Homœopathic Hospital, Wilmington, Del.; Ashton Earl Neely, Coatesville, Pa.

Reading Homœopathic Hospital, Reading, Pa.: J. Glen Knauer, Reading, Pa.

Rhode Island Homœopathic Hospital, Providence, R. I.: Graydon Brown Smith, Allentown, R. I.

Sellwood Homœopathic Hospital, Portland, Ore.; Linford Shepherd Besson, Ambler, Pa.

West Jersey Homœopathic Hospital, Camden, N. J.: Roger Talmage Fox, Tuckerton, N. J., and James Francis Tompkins, Philadelphia, Pa.

Metropolitan, Homœopathic Hospital, Blackwell's Island, N. Y.: Horace Francis Kline, Abington, Pa.

The Entertainment Committee of Hahnemann Alumni Association, of which Dr. Wm. C. Hunsicker is chairman, had arranged the folowing program as part of the entertainment for the visiting alumni:

TUESDAY, JUNE 1, 1916.

9-12. Ward Classes, Dr. Wells, Dr. Golden and Dr. Williams.

1-2. Medical Clinic, Dr. Bartlett.

2-3. Eye, Ear, Nose and Throat, Dr. Shallcross and associates.
3-5. Surgical Clinic, Dr. Northrop.
Gynæcological Clinic, Dr. D. B. James.

WEDNESDAY, JUNE 2, 1915.

9-12. Ward Classes, Dr. Wells, Dr. Golden and Dr. Williams.
1-2. Therapeutic Clinic, Dr. Haines.
2-3. Eye, Ear, Nose and Throat, Dr. Shallcross and associates.
3-5. Surgical Clinic, Dr. Wm. B. Van Lennep.
Obstetrical Clinic, Dr. J. E. James, Jr.

The following additional changes in the faculty at Hahnemann Medical College were recommended by the Governing Faculty on May 7, 1915:

1. Dr. C. A. Bigler, Associate Professor of Rectal Diseases.
2. Dr. P. A. Tindall, Demonstrator of Ophthalmology.
3. Dr. J. V. F. Clay, Demonstrator of Otology.

Dr. F. O. Nagle, Demonstrator of Ophthalmology and Ophthalmological Pathology.

5. Dr. D. W. Horn, Lecturer in Hygiene.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, Thursday evening, June 10, 1915, at 8:30 o'clock. The scientific program consisted of the following:

"The Management of Pregnancy," Dr. A. G. C. Stetson.

"The Obstetrical Examination," Dr. J. E. James, Jr.

"The Mechanism of Labor," Dr. Oliver B. Waite

"The Management of Labor," Dr. Warren C. Mercer.

"Obstetrical Anæsthesia," Dr. R. Franklin Hill.

The election of officers took place at this meeting after which the meeting adjourned.

WM. M. SYLVIS, M. D., *Sec'y.*

The Clinico-Pathologic Society of Philadelphia, Pa., held its regular monthly meeting at Hahnemann College, on Saturday evening, May 15, 1915, at 8:30 o'clock. Following is the scientific program:

"Some Atypical Cases of Mastoiditis," Dr. J. F. V. Clay.

"Prophylactic Typhoid Immunization in an Epidemic," Dr. J. G. Wurtz.

"Experience With Autogenous Therapy," Dr. P. H. Ealer.

Several interesting clinical cases were discussed after which the censors reported favorably the names of Dr. Percy A. Tindall, 2102 Chestnut Street, and Dr. D. Howard Johnston, 3809 Chestnut Street. The meeting which was an interesting one was attended by a large number of members.

B. K. FLETCHER, M. D., *Sec'y.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the Hotel Phœnix, Willow Grove, Pa., on Wednesday, May 19, 1915. Many important topics were discussed at this meeting. There was a full attendance of members and a thoroughly enjoyable time was had by all present.

J. D. BOILEAU, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the office of Dr. E. A. Steinhilber, 671 N. Preston Street, on Wednesday evening, May 26, 1915, at 9 P. M. "Diagnosing" was the subject which was heartily discussed by a large number of members present. The meeting was an interesting one and was well atttnded.

E. A. STEINHILBER, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the Hotel Continental, Ninth and Chestnut Streets, on Monday, May 17, 1915, at nine o'clock in the evening. Dr. Walter C. Barker gave a demonstration of deep Roentgenotherapy, using a Coolidge tube, and which proved to be a pleasing feature of the occasion. The censors reported favorably the name of Dr. Homer I. Sievers, of Atlantic City, N. J. The meeting, which was an enthusiastic one, was well attended.

F. R. SHUTE, M. D.,
Acting Corresponding Sec'y.

The Oxford Medical Club of Philadelphia, Pa, held its June meeting at the office of Dr. W. D. Bayley, Haddonfield, N. J., the members being the guests of Dr. Bayley. A paper, entitled "The Falling Heart," was well presented by Dr. Bayley. The members were royally entertained and an enjoyable time was had by thost present.

E. M. GRAMM, M. D., *Sec'y.*

The Hahnemann Medical Society of Reading, Pa., held its regular monthly meeting at the Homœopathic Hospital, Reading, Pa., on May 13, 1915. Dr. C. A. Yocom read a paper on "Preventative Medicine," which was well received and brought forth much discussion. The meeting was well attended and thoroughly enjoyed by all present.

E. K. GOLDING, M. D., *Sec'y.*

The Central Pennsylvania Homœopathic Medical Society held its regular monthly meeting in the rooms of the York Medical Club, 10 West Market Street, York, Pa., on June 10, 1915, at 12:30 P. M. The following was the scientific program: "Boosting Your Business," Dr. O. S. Haines, Philadelphia, Pa.; "Mistakes in Blood Pressure," Dr. E. S. Snyder, Lancaster, Pa.; "Cratægus," Dr. I. H. Moyer, Columbia, Pa. Dr. S. S. Mann, president of the Lancaster County Homœopathic Medical Society, entertained the society by a short address, which was thoroughly enjoyed by a large number of members who were in attendance.

G. A. SAYRES, M. D., *Sec'y.*

The Homœopathic Medical Society of Delaware County held its regular monthly meeting at the Crozer Hospital on Thursday, May 27, 1915, at 3:30 P. M. "Conservatism in Rectal Diseases" was the title of a paper which was read by Dr. H. B. Adams, and was well presented. The election of officers to serve for the ensuing year took place, after which the meeting adjourned.

G. C. WEBSTER, M. D., *Sec'y.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties observed its Montgomery County Day and June outing at the Plymouth Country Club Norristown, Pa., on Tuesday, June 8, 1915, at 1 P. M. Dr. J. E. James, Philadelphia, Pa., addressed the society on "Twilight Sleep," the discussion

of which was opened by Dr. Warren C. Mercer, both of whom handled their subject in a very able manner. An elaborate luncheon was served at two o'clock, to which a large number of visiting physicians did justice. The meeting was one of the largest ever held and a thoroughly enjoyable time was had by those present.

ISAAC CROWTHERS, M. D., *Sec'y.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Julia C. Loos East End Trust building, Pittsburgh Pa., on Thursday, June 3, 1915, at 8 P. M. Dr. Loos entertained the members by presenting a well prepared paper the title of which was: "The Proper Way to Reserve a Case" and "Repertory Study." The meeting was an enjoyable one, and was attended by a large number of members.

ANNA D. VARNER, M. D., *Sec'y.*

Physicians form a new society. Many physicians from Lancaster and surrounding country met at the Hotel Wheatlond, Lancaster, Pa., on May 12, 1915, their guest of honor being Dr. B. F. Books, President of the Homœopathic State Medical Soicety, who encouraged the local physicians to organize a city and county society. Among others who addressed the society were Dr. E. S. Snyder and Dr. E. T. Prizer, who suggested that a permanent organization should be formed to be known as the Lancaster County Homœopathic Medical Society, and which suggestion was accepted and put into effect at once, the following doctors being elected to office: President, Dr. S. S. Mann, of Columbia, Pa.; Vice-President, Dr. S. Ulrich, of Elizabethtown, Pa.; Secretary and Treasurer, Dr. R. Diehl, of Manheim, Pa. The society will meet monthly.

FOREIGN.

Dr. S. N. Nair, one of our esteemed subscribers, is in the medical service of the Indian Army. He is "in the field," but does not give locality. His communication to us was, therefore, passed by the censor.

BOOK REVIEWS.

DISEASES OF THE DIGESTIVE ORGANS. With Special Reference to Their Diagnosis and Treatment. By Charles D. Aaron, Sc. D., M. D., Professor of Gastro-enterology in the Detroit College of Medicine and Surgery; Consulting Gostro-enterologist to Harper Hospital. Octavo, 790 pages. Illustrated with 154 engravings, 48 Roentgenograms and 8 colored plates. Cloth, $6.00, net.

Scientific medicine has achieved some of its most notable recent triumphs in the field covered by Dr. Aaron. Modern research; improved facilities for observation; the development of Roentgenographic technic and the perfection of the various tests and reactions have added immensely to our store of useful knowledge. In a work of extraordinary scope and equal value all ths material is presented by Dr. Aaron in a form which makes it immediately available. The author's work is notable not less because of the vast amount of material handled than for its clear presentation; his emphasis on diagnosis and treatment, and the absolute elimination of abstract theories in favor of the practical, proven and useful.

Recognizing the tendency to isolate the consideration of diseases of the digestive organs from the great body of internal medicine, Dr. Aaron is at pains to point out the direct and vitally important connection and interdependence of the functions of the digestive tract and of the other organs, and between gastro-enterology and all branches of internal medicine.

The diagnosis and treatment of digestive diseases are clearly set forth, and to give clarity to the handling of the subject the material and conclusions are presented in accordance with the physiologic path of the digestive tract, beginning with oral diseases and proceeding to the consideration of those of the pharynx, œsophagus, stomach, liver, gall-bladder, bile ducts, pancreas, small intestine, vermiform appendix, colon, sigmoid flexure, rectum and anus.

Recent progress in the study of internal secretions; the various tests and reactions; qualitative and quantitative analyses, as disclosing the condition of intestinal functions; improved methods in the examination of fæces; test meal technique and findings; dietetics; mineral water therapy; hydro-therapy, mechano-therapeutic agencies; oral sepsis as a predominating factor in the etiology of obscure gastro-intestinal disorders; duodenal feeding, and the functions of the liver and pancreas in metabolism receive most enlightening consideration from a distinctly advanced viewpoint. The importance of the Roentgen ray in limiting the necessity for exploratory laparatomy and in increasing the exactness of diagnosis is dwelt on in a useful chapter, which embodies the most recent advances in Roentgenographic science as applied to this department of medicine.

While the author's viewpoint is that of the internist, and he has emphasized medical treatment, he gives adequate consideration to indications for surgical intervention. The attention afforded the physiology of digestion; methods of examination; the significance of findings; the technique of various treatments; therapeutic agencies and the minute consideration of symptoms, diagnosis and treatment in each disease give to this work an encyclopedic completeness. The author is not only a master of his subject but of its presentation. His work will be equally valuable as a working manual and reference volume for the practitioner or a complete treatise for the specialist.

MATERIA MEDICA AND THERAPEUTICS. A Text Book for Nurses. By Linette A. Parker, B. Sc., R. N., Instructor in Nursing and Health, Teachers College, Columbia University. 12mo, 311 pages, illustrated with 29 engravings and 3 plates. Cloth, $1.75, net. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

We cannot approve of this book. We do not believe in any case it is the function of the nurse to prescribe medicine for the sick. Any degree of knowledge the nurse is likely to acquire is certainly unlikely to serve the needs of the physician in attendance, and interest of the patient. In looking over the book we find recommended many drugs which certainly should have no place among the qualifications of a nurse. In order to prescribe drugs properly and without danger to the patient, it is necessary to acquire knowledge that is not given in any training school for nurses that has ever come under our observation.

OBITUARY.

Dr. Wm. B. Rice.

Lockport, N. Y., May 1st, æt. 88. New York Hahnemann Medical College, 1863.

Dr. W. A. Polglase.

New York, May 4th, æt. 59. Hahnemann Medical College of Chicago, 1878.

Dr. H. V. Oldfield.

Philadelphia, April 15th, æt. 65. Homœopathic Medical College of Missouri, 1880.

Dr. A. P. Bowie.

Uniontown, Pa., April 15th, æt. 65. A well known and loyal homœopathic physician of Pennsylvania.

Dr. John G. Lewis.

Rushville, Ind., April 17th, Chicago Homœopathic Medical College, 1895.

Dr. Charles A. Walsh.

April 22d, æt. 71. Hahnemann Medical College, Chicago, 1882.

Dr. Wm. B. Rice.

Niagara Falls, May 2d, æt. 88. New York Homœopathic College, 1863.

Dr. George W. Spencer.

Cleveland, Ohio, May 1st, æt. 64. Former professor of physiology in the Cleveland Homœopathic Medical College.

Dr. John H. Urich.

Boston, February 26th, æt. 53. B. U. S. M., 1892.

Dr. C. N. Shellenberger.

Colorado Springs, Col., April 29th, æt. 58. Pulte Medical College, 1878.

Dr. S. W. Darrow.

Brockport, N. Y., May 5th, æt. 69. Cleveland Homœopathic Medical College, 1877.

Dr. J. A. Clementson.

Lancaster, Wis., May 19, æt. 62. Hahnemann College, Chicago, 1895.

Dr. Wm. S. Pearsall.

Brimfield, Mass., Feb. 18, æt. 54. New York Homœopathic College, 1886.

Dr. Wm. C. Raynor.

Milwaukee, Wis., May 12. Hahnemann Medical College, Chicago, 1881.

Dr. W. C. Allen.

Colorado Springs, Col., June 2, æt. 61. Hahnemann Medical Colege, Philadelphia, 1883.

Dr. D. De Forest Cole.

Newark, N. J., May 24, æt. 66. Hahnemann Medical College, Chicago, 1881.

Dr. Worrall Palmer.

New York, June 10, æt. 54. New York Homœopathic College, 1883.

Dr. Charles H. Colgrove.

Willimantic, Conn., May 29. Detroit Homœopathic College, 1873.

Dr. John G. Layton.

Independence, O., April 15, æt. 50. Cleveland Homœopathic College, 1895.

Dr. J. W. McMurray.

Marion, O., May 11, æt. 75. Cleveland Homœopathic College, 1890.

Dr. Geo. P. Sword.

Huntington, N. Y., July 2, æt. 52. New York Homœopathic College.

Dr. G. D. Yokum.

St. Joseph, Mo., May 19, æt. 67. Chicago Homœopathic Medical College, 1879.

Enzymes.

The difference in the behavior of human and cow milk towards the rennet enzyme is due to the different salt content. If the whey from human and from cow milk is saturated with tributyrin, filtered and treated with gastric juice, a greater splitting of the fat is found in the human milk. The result is not changed by the addition of phosphates (food substances) for the enzyme.—*C. J. West.*